



STATE OF OKLAHOMA CERTIFICATE OF DEATH

STATE FILE NUMBER 2020-042741

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) LAVERNE LAURA SOMERS						1a. LAST NAME PRIOR TO FIRST MARRIAGE SOMERS		2. SEX FEMALE	
3. SOCIAL SECURITY NUMBER UNKNOWN		4. EVER IN US ARMED FORCES? NO		5a. AGE- Last birthday (years) 86		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo/Day/Yr) OCTOBER 5, 1934									
7. BIRTHPLACE (City and State or Foreign Country) NETT LAKE, MINNESOTA				8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County OKLAHOMA		8c. RESIDENCE-City or Town OKLAHOMA CITY	
8d. RESIDENCE-Zip Code 73103		8e. RESIDENCE-Inside City Limits? NO		8f. RESIDENCE-Street and Number 2707 WEST I 240 SERVICE ROAD				8g. RESIDENCE-Apt. Number APT. B	
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11a. FATHER'S NAME (First, Middle, Last) UNKNOWN UNKNOWN				11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE		12a. MOTHER'S NAME (First, Middle, Last) JOSEPHINE DAY		12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE SOMERS	
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO			14. DECEDENT'S RACE AMERICAN INDIAN OR ALASKA NATIVE (BOIS FORTE BAND OF CHIPPEWA)			15. DECEDENT'S EDUCATION BACHELOR'S DEGREE (E.G. BA, AB, BS)			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) MENTAL HEALTH						17. KIND OF BUSINESS / INDUSTRY HEALTH CARE			
18a. INFORMANT'S NAME ANDREW CHABALLA				18b. RELATIONSHIP TO DECEDENT SON		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2707 WEST I 240 SERVICE ROAD APT. B, OKLAHOMA CITY, OKLAHOMA 73103			
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) ALPHA AND OMEGA MORTUARY SERVICES AND CREMATORY			21. LOCATION - City, Town and State OKLAHOMA CITY, OKLAHOMA		
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ALTERNATIVES CREMATION & FUNERAL SERVICE - CORDELL, 1206 N MARKET STREET, CORDELL, OKLAHOMA 73632						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH RICHARD VARNER			
						24. FH ESTABLISHMENT LICENSE # 1947ES			

25. PLACE OF DEATH (Check only one; see instructions)									
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival					IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):				
26. FACILITY NAME (If not institution, give street & number) SOUTH POINT REHABILITATION AND CARE CENTER					27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH OKLAHOMA CITY, OKLAHOMA, 73119			28. COUNTY OF DEATH OKLAHOMA	
29. DATE OF DEATH (Mo/Day/Yr) OCTOBER 26, 2020		30. TIME OF DEATH 18:23 FOUND		31. WAS MEDICAL EXAMINER CONTACTED? YES		32. WAS AN AUTOPSY PERFORMED? NO		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE OF DEATH (See instructions and examples)									
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) -----> a. COMPLICATIONS OF RIGHT GLOBE FRACTURE STATUS POST REPAIR Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. FALL Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. Due to (or as a consequence of): 2006068 d. Due to (or as a consequence of):							Approximate interval: Onset to death UNDETERMINED UNDETERMINED		
							35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I DEMENTIA (NOT OTHERWISE SPECIFIED); HYPERTENSIVE CARDIOVASCULAR DISEASE		
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined				37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
39. DATE OF INJURY (Mo/Day/Yr) 10/22/2020		40. TIME OF INJURY UNKNOWN		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area) NURSING HOME		42. DESCRIBE HOW INJURY OCCURRED: FALL		43. INJURY AT WORK? NO	
44. LOCATION OF INJURY: State: OKLAHOMA City or Town: OKLAHOMA CITY Zip Code: 73119				45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)					
Street & Number: 5725 S. ROSS AVE Apartment Number:				47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) EDANA STROBERG, DO 921 NE 23RD STREET OKLAHOMA CITY, OKLAHOMA 73105					
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Certifier: EDANA STROBERG, DO				48. LICENSE NUMBER 62600K		49. DATE DEATH CERTIFIED (Mo/Day/Yr) DECEMBER 30, 2020			
50. REGISTRAR'S SIGNATURE <i>Kelly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) DECEMBER 30, 2020			

REVISION 2016 VS 154 (12/16)

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

Monday, March 8, 2021 3:38:08 PM